

Foster Family Home - Corrective Action Report

Provider ID: 1-559180

Home Name: Janet Sion, NA

4222 Likini Street

Honolulu

HI 96818

Review ID: 1-559180-6

Reviewer: Angelica Galindo

Begin Date: 6/3/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 3 person CCFFH recertification made on 6/03/19. Home has been decreased to 2 person CCFFH. Corrective Action Report issued during home inspection with all items due to CTA by 7/03/19.

6.(d)(1) - see applicable sections of the review

Foster Family Home

Background Checks

[11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1) - ecrim lapsed for CG#1 & CG#3: was due on/before 5/02/2018, both done on 5/25/2019.

8.(a)(2) - APS/CAN lapsed for CG#2: due on/before 6/13/2018, was done on 5/29/2019.

Foster Family Home

Reporting Changes

[11-800-12]

12. The case management agency or home shall immediately report to the department changes that may affect the case management agency's or home's ability to comply with the applicable requirements of this chapter. Changes to be reported include, but are not limited to, changes:

Comment:

12. - CG#1 failed to report changes regarding credentials: CNA expired 12/02/2017.

Foster Family Home

Personnel and Staffing

[11-800-41]

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8) - CPR/basic first aid training lapsed for CG#2: due on/before 3/2018, done on 5/29/2019.

Foster Family Home - Corrective Action Report

3 Person Staffing

3 Person Staffing Requirements

(3P) Staff

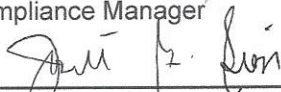
(3P)(a)(4) Staff A current Certified Nurses Aide or Nurse Aide certificate plus one year of experience in a home setting. If the certificate is expiring within the next 30 days, evidence of a new certificate must be provided. Substitute caregivers have a minimum of one year work experience as a caregiver in a community residential setting or in a medical facility, per 321-483(b)(4)(E) HRS.

Comment:

(3P)(a)(4) Staff - CNA certificate for CG#1 expired 12/02/2017, no current recertification in home folder. There are 3 clients in home, CG#1 has been instructed to transfer last client admitted to CCFFH.



Compliance Manager



Primary Care Giver

6/03/19

Date

6/3/19

Date

Community Care Foster Family Home (CCFFH)
 Written Plan of Correction for Deficiencies
 Listed in Corrective Action Report
 Chapter 17-1454

CCFFH Name: Janet Sion

CCFFH Address: 4222 Likini Street Honolulu Hawaii 96818

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.(a)(1)	Lapse cannot be corrected	05/25/19	Home will use calendar on iphone to input all due dates to prevent any future lapses
8.(a)(2)	Lapse cannot be corrected	05/29/19	Home will use calendar on iphone to input all due dates to prevent any future lapses
12.	Lapse cannot be corrected	will go for review/ skills on 7/11/19& 7/12/19	Home will use calendar on iphone to input all due dates to prevent any future lapses
41.(b)(8)	Lapse cannot be corrected	05/29/19	Home will use calendar on iphone to input all due dates to prevent any future lapses
(3P)(a) (4) Staff	Client #3 has been trasfer	06/10/19	Home will use calendar on iphone to input all due dates to prevent any future lapses

Primary Caregiver's Signature: _____

Janet Sion

Print Name: Janet Sion

Date of Signature: _____

7/1/19